

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35002

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4548

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		
c. FULL NAME OF (If NOT in hospital, give location) <b>727 Wabash</b>			Length of stay in lb <b>40 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>727 Wabash</b>		
3. NAME OF DECEASED (Type or print) First <b>ROSE</b> Middle <b>M</b> Last <b>HUNDLEY</b>				4. DATE OF DEATH Month <b>Sept</b> Day <b>29</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 19 1882</b>	
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>		IF UNDER 24 HRS. Hours <b>2</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Purdy Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Anderson Nicley</b>				13b. MOTHER'S MAIDEN NAME <b>Melvina Weldon</b>		14. NAME OF HUSBAND OR WIFE <b>Ira B Hundley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>487-12-5326D</b>		17. INFORMANT Address: <b>Mrs Stella May 727 Wabash</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>332X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>4:45 PM</b> Month, Day, Year <b>Sept 29 - 57</b>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Sept 2 - 57</b> to <b>Sept 29 - 57</b> and last saw her alive on <b>Sept 29 - 57</b> Death occurred at <b>4:45 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>G.B. Bannister MD</b> (Degree or title)				22b. ADDRESS <b>3504 Indiana</b>		22c. DATE SIGNED <b>9-25-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/2/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>John P Sheil - Kansas City Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>10-1-57</b>		26. REGISTRAR'S SIGNATURE <b>neva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Richard E. Carroll*

Licensed Embalmer No. *4829*  
P. O. Address *1000*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.